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Personality Constellations of Rejectors, Retreaters, Withdrawers, Walkouts, Self-Terminators and Finishers of Psychotherapy.

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PERSONALITY CONSTELLATIONS OF REJECTORS, RETREATERS, WITHDRAWERS, WALKOUTS, SELF-TERMINATORS AND FINISHERS OF PSYCHOTHERAPY

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ABSTRACT

This study was designed to examine the personality characteristics of outpatient clinic individuals classified for the purposes of this research as rejectors, retreaters, withdrawers, walkouts, self-terminators and finishers of psychotherapy. Each individual of the withdrawer, walkout, self-terminator and finisher groups was assigned on the basis of characteristic behavior clusters to one of four therapy treatments: psychodynamically oriented groups composed primarily of neurotic individuals; Interpersonal Role emphasis groups with aggressive, paranoid patients; Emotional Relationship groups with passive, withdrawn patients; and Phenomenologically (Social-Emotional) groups with a heterogeneous mixture of psychotic patients. Personality measures for 167 Ss were obtained from the Interpersonal Check List and the Thematic Apperception Test. Test data were subjected to multivariate and univariate analyses and a factor analysis with the following results. Significant differences between the groups were discerned principally on the TAT categories, suggesting certain personality characteristics. Significant differences between treatment effects substantiate the conceptualization that patients benefit from specific therapies on the basis of observable behavioral clusters. A direct factor analysis yielded 13 factors. The inverse factor analysis needs further examination.

INTRODUCTION

Information about the personality characteristics of individuals who apply for group therapy but do not carry through on their commitment is minimal. Little is known about pre-therapy rejectors, for example, except such demographic variables as age, sex, income, marital status, education, etc. (Brandt, 1965). On the basis of behavioral observations one might operationally define these as people having strength of character or as being stubborn. Yet no statistical evidence exists to validate such an observation. The most promising data in this area were developed by Cerenzia (1967) from an early review of the Kansas City data developed by Glad and Glad (Epps, Barnes, et al., chapter #9 by V. B. Glad, et al.). Cerenzia demonstrated that treatment rejectors had higher optimism scores than treatment acceptors. Furthermore, he showed that a combination of aggressive paranoid and withdrawn people who accepted and completed their group assignments tended to develop optimism scores toward the higher levels achieved by the rejectors without therapy.

Analysis of the test data of the present study should give a more complete, quantitative definition of characteristics of people who do not continue in therapy in comparison with those who do. If the hypotheses of this study are verified, would one be able to generalize to other forms of therapy? For example, this research sample is mainly comprised of people who left group therapy. Could one assume

that the personality characteristics of rejectors are consistent regardless of the population used and the therapy employed? One might assume that since there are few studies in this area, that personality characteristics of rejectors are consistent regardless of population and type of therapy until further studies are performed.

Considering the contributions of research, the present study allows: 1) for further clarification of personality characteristics of people who do not complete a planned course of therapy (Brandt, 1965); 2) a broadly definitive assessment of characteristics of pre-therapy patients; 3) for a comparison of different levels of dropouts from therapy; and 4) a comparison of dropouts with terminators to determine what characteristics they have in common. Little research has been done in this last mentioned area (Brandt, 1965; Luborsky, et al., 1971).

Related Background Information

During times of crisis, individuals turn to or are brought to professionals in the mental health field to be relieved of some of the anguish they or their intimates are experiencing. They may see therapeutic assistance as a means of investigating the nature of their conflicts and to mitigate some of the unreality in their lives. This does not suggest that their lives will be forever free of conflicts or stresses, but hopefully when difficult times arise these people will be better able to cope with the situation at hand and with themselves.

On the other hand, there are those who would never seek help

from those in the mental health field or if they do, may do so unwillingly. If they come for help they may be openly hostile toward those trying to help them. There are also some people who volunteer for therapy and for whatever reasons terminate: (a) before therapy begins, that is they reject the services offered them; (b) sometime immediately after they have begun therapy but without consulting their therapist, they decide to quit; (c) some participate in a considerable number of sessions but leave before they are officially terminated.

Mental health centers in the past have been organized around a medical model which conceptualized the problems people have in living as being a function of sickness. This model tends to perpetuate itself without considering that stresses may also point to signs of health within the individual (Gallagher, 1954). Furthermore patients tend to get lumped together into some global, homogeneous treatment such as "therapeutic community" or "group therapy" without considering whether one method may be appropriate for some problems, another method more pertinent to others, and whether different approaches would be more effective. Considering the most effective way to try to get people back on their feet and on their own, a theoretically differentiated system for delivery of group therapy was developed at a midwestern mental health center. This differentiated system was developed in order to facilitate target specific psychological intervention most theoretically appropriate to the problems of particular kinds of patient behavior constellations.

Hence, it is necessary to distinguish among patients and the

problems they present in order to intervene and help them better manage their lives. This means treating patients with specific problems in a specified manner. The therapist must handle patients differently since one method of intervention is not universally applicable to all patients. This becomes more apparent when one considers the different schools of psychology each with its own premises of personality development and modification (Brammer & Shostrom, 1968). Therapists must possess different managerial skills, that is, different plans of operations with patients grouped together with similar complaints. The interaction between the patient and therapist could be such that the orientation of the therapist provides an appropriate therapeutic situation for that patient. Freud himself (1905) stated that psychoanalysis is not for all people but only for those who possess characteristics most amenable to that particular form of treatment.

Betz (1963) has differentiated two therapist styles on the Strong Vocational Interest criteria: A (a social problem solving managerial type) work best with schizophrenics; and B (a precision, science-oriented type) with neurotics.

Rosenthal and Frank (1958) concluded that particular forms of therapy may be more effective with certain kinds of patients than with others.

A broad conception of theoretical considerations and operations for utilizing the therapist's managerial skills are developed in detail in Glad, et al. (1959), Glad, et al. (1963), Glad, V. B., &

Glad, D. (1965) and in Glad and Barnes (1965). They provide preliminary evidence and reasoning that patients assigned after screening to group therapy on the basis of their observable behaviors profit as the psychological intervention is relevant to the particular problems in living which the patients encounter and create.

At the Midwestern Mental Health Center referrals come from a variety of sources. The source of these data was specifically psychiatric facilities developed under management of the Greater Kansas City Mental Health Foundation. During the course of data collection the same clinical services were progressively expanded from the Psychiatric Receiving Center to become the Western Missouri Mental Health Center and the Department of Psychiatry, University of Missouri Medical School, Kansas City Division. The greatest number come from the screening clinic, followed by those from inpatient services. Once referred to outpatient services, clients were required to participate in the Treatment Preparation Group (TPG) for a period of no longer than six hourly sessions once a week. The TPG served various functions such as acquainting the patients with the general arrangements for therapy, giving information about services available, assisting them in encountering each other, and aiding the therapists in deciding which treatment group patients could best be assigned. At times there were those who were referred to TPG but did not appear there at all. (Figure 1 schematizes the referral procedures.)

Once referred to the TPG one of the client's assignments was to take a standard battery of tests composed of the Thematic

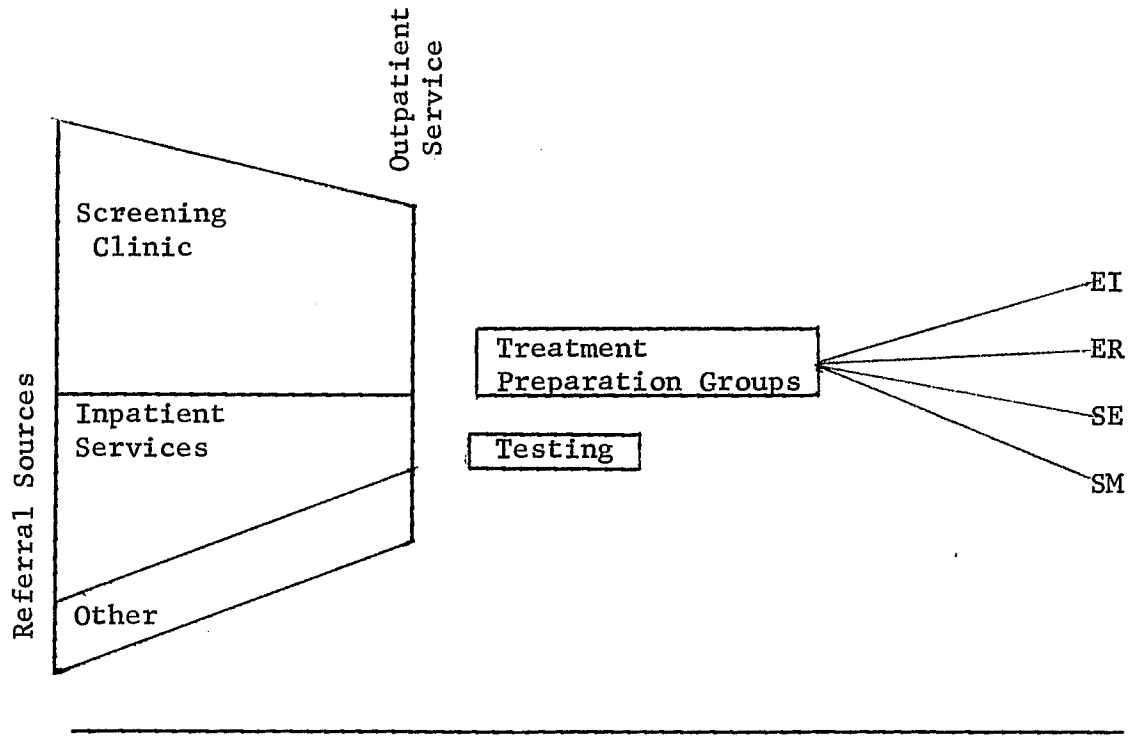

Figure 1. Schematic of Procedures at Midwestern Clinic.

Apperception Test, the Interpersonal Check List (LaForge & Suczek, 1955), the Draw-a-Person Test and the Emotional Projection Test (Glad & Shearn, 1956).

Treatment Preparation Group therapists consisting of usually two clinicians involved in managing the TPG decided on the basis of their clinical judgment from their observations of individual patients which method of group treatment would be of most benefit.

The therapist's role in conducting any one of the four prescribed treatment group types was to employ those operations best suited to be relevant to the patient's pathology in order to facilitate development of more appropriate management of living. Once a decision was made about a patient, he was assigned to one of the following four groups:

1. The Psychoanalytically oriented Expressive-Interpretive (EI) groups consisted of patients whose behavior indicated they were neurotic or character disorders with reasonable ego strength. The approach taken with them was a psychodynamic exploration to encourage the resolution of transference problems and to develop self-understanding. As a result of clinical experience it appears that (Glad, V. B., 1965) a period of at least 52 weeks was evidently required for them to achieve more appropriate self-management. These patients were non-psychotic.

2. The Social-Management (SM) groups consisted of patients whose behavior was hostile, disruptive, belligerent, paranoid and aggressive. The emphasis was to make these patients more cognizant of

their aggressive interactions. The particular therapeutic operations employed were ones emphasizing the development of more appropriate and effective interpersonal management and skills. The therapist's role was to operationally apply role aspects of Sullivanian Interpersonal Theory in aiding the patients to achieve more effective and adequate social skill.

3. The Rankian Emotional-Relationship (ER) groups were comprised of people who were withdrawn, shy, timid, inhibited, unresponsive and apathetic. They were behaviorally non-aggressive and were immobilized by fears of destroying themselves and others. They tend to not see, not hear, not respond and to not experience much satisfaction in living (Glad, V. B., 1964). The therapist's role and operations were in verbalizing the unexpressed feelings members of the group were experiencing with each other and the type of therapy and in assisting them to experience and develop the ability to handle fears of hostility, separation, dependency, and closeness.

4. The Social-Emotional (SM) group was a heterogeneous mixture of patients, those left over after the foregoing assignments were made. A phenomenological decision making and social emotional approach was taken with these individuals. The therapist responded to the immediate needs the patients presented. The Group Therapy Committee judged that these individuals would profit more from this approach than assignment to one of the other three groups.

The last three groups, SM, ER, SE, were treated for a period of 24 weeks after TPG. On the basis of earlier experience as well as

some theoretical conceptual and empirical research (Glad, D., personal communication) patients in these groups required less time than the EI to manage in achieving "social remission."

As would be expected in any outpatient clinic, some clients simply refuse, for various reasons, any assistance from the institution. V. B. Glad (1963) found in an 11 month period that out of 125 patients assigned to the Treatment Preparation Group:

11.2% rejected treatment after the initial interview.

24.8% dropped out before assignment was made to treatment group.

4.0% failed to show for their therapy group assignment.

19.2% terminated during their therapy group assignment.

40.0% completed assigned treatment group.

These figures indicate that 40% never entered therapy, whereas 60% did. Brandt (1964) found 63% of his population entered therapy either at the Theodor Reik Clinic or at another clinic in the same city.

Outcome Studies of Related Research

Brandt (1964) was able to show that there are only a small percentage of rejectors, that is pre-therapy dropouts not receiving any therapy at all. Out of 100 patients labeled rejectors and contacted by phone, 63 of them did at some time receive treatment. Of these 13 had simultaneously applied to a number of agencies. Thirty-seven did not go into therapy, that is changed their minds about treatment. There are, from his point of view, fewer rejectors and more psuedo-rejectors (those who obtain treatment elsewhere). He does not think that these groups could be detected by a single test.

Brandt (1965) in a review of the literature on dropout studies has indicated the amount of inconsistency surrounding the topic of dropouts. It seems that many variables such as education, race, religion, projective tests, etc. have been tested and retainers have been differentiated from those who do not accept treatment. Age, sex, and marital status consistently do not differentiate between retainers and non-acceptors. He suggests more validation studies be performed in order that whatever variables are involved could either be stabilized or completely ruled out. He also indicated that little research has been done with pre-therapy dropouts.

Luborsky, et al. (1971) reviews the literature to assess the factors from quantitative studies which affect individual therapy. A comparison of dropouts and remainers revealed much of what Brandt (1965) indicated. Luborsky, et al. found that sex and marital status do not distinguish between the two groups but that "personality characteristics" differentiate most. They found age to be inversely related to the amount of gain accrued from treatment.

Reiss and Brandt (1965) examined applicants for treatment and found a significant difference between pre-therapy and intherapy dropouts. Approximately one-third of pre-therapy dropouts begin treatment at a clinic other than the one they initially applied to. The authors argue that combining these two groups as therapy failures is not justified. Considering the number of sessions patients attend, they found a high percentage (12.6%) of patients terminating within the first five sessions.

Meyer (1969) has explained how dropping out may form an integral part in helping the patient solve some of his difficulties. With a little assistance the patient was able to rely on his own resources and garner some independence in working through his own problems.

Freidman, et al. (1958) included as dropouts rejectors (those who failed to keep appointments) and terminators (those who attended for nine sessions or less). This would allow for some distortion and contamination as the two may not be the same. Actives and dropout patients were matched as closely as possible on relevant variables. An adaptation score was determined from seven adaptation items. The authors were puzzled that dropout patients scored higher than the active patients. Perhaps the dropouts refused to be labelled or become associated with "mental illness." A relationship index was obtained from the doctor's notes at intake. Few of the patients who accepted "mental illness" and experienced a warm relationship with their therapist dropped out. A significant number of patients having a negative attitude about "mental illness" and experiencing a warm relationship dropped out. The authors see two sources of dropout and continuation: dropout by extinction and avoidance; and continuation through reinforcement and inertia.

The remainers (those who successfully completed therapy) of Rubinstein and Lorr (1956) VAH patients were more intelligent, have a higher socio-economic level, higher frustration tolerance, more education, are less socially conservative and show more personal

dissatisfaction. Terminators appear to be the opposite of the above and "report more aggressive acting out and trouble with the law, more hostility toward authority, more restlessness and nomadism" (p. 348).

A general finding by Cerenzia (1967) was that patients not entering therapy possessed a higher degree than others of TAT stories scored on an "optimism" dimension suggesting these people may not need professional assistance in handling their problems.

Some studies have used psychological tests to predict whether individual patients will either be terminators or remainers. Auld and Eron (1953) found that the verbal IQ score of the Wechsler-Bellevue "may be a much better predictor of persistence in therapy than any Rorschach score or combination of scores."

Rorschach responses were found to discriminate between terminators and remainers (Gibby, et al., 1953; Taulbee, 1958).

Patients with more neurotic dispositions as opposed to those who attributed their illness to organic, antagonistic, or paranoid causes remained in therapy (Hiler, 1959A).

Hiler (1959B) found that the Sentence Completion Test discriminated between terminators and remainers.

METHOD

Subjects

Subjects were 167 outpatients. They were selected from approximately 1600 cases available in the Glad and Glad Kansas City Data to fill as nearly as possible all the cells in Table 1 with 10 cases each. In several instances fewer than 10 cases were available. Of the 167 Ss selected, 127 did not complete their therapy assignments whereas 40 Ss did.

TABLE 1

NUMBER OF Ss BY GROUP AND TREATMENT

Group	Reject	Retreat	Withdraw	Walkout	Self-terminate	Finish
Social-Treatment Emotional			10	10	10	10
Expressive Interpre-tive			6	10	8	10
Emotional Relation-ship			8	10	7	10
Social Management	10	10	10	10	8	10
Total 167	10	10	34	40	33	40

Procedure

As part of a standard battery of tests, the Thematic Apperception Test and the Interpersonal Check List (ICL) were administered. The ICL is a paper and pencil test which provides the examiner with a sample of the way the patient perceives his own interpersonal behavior and that of significant others. (See Appendix for a description of the ICL.) The ICL supplies 32 variables: for each dimension there are eight octants. Four dimensions will be employed.

TAT scores were obtained from the 13 categories reported in Table 2. These categories had been devised by Calhoun, Chernets, Sellers, Glad, D., and Glad, V. B. (1970) in order to demonstrate that the interaction of therapist and patient styles produce changes in the patient's behavior. There are 10 TAT stories (cards 1, 2, 3BM, 6GF, 6BM, 7GF, 12M, 13MF, 17BM, 18GF) each story being scored by two raters as to the presence (1) or absence (0) of a category. These categories are not mutually exclusive and they are suggestive of some of the characteristics individuals may possess when they enter therapy. Interrater reliability is 98.36% and was achieved by comparing individual judgments. When discrepancies occurred they were resolved in the most conservative direction, the judges agreeing either to an absence (a score of zero) or the presence (a score of one) of an observation.

Description of Subjects

On the basis of their participation and involvement at the

TABLE 2

CATEGORIES USED FOR SCORING TAT PROTOCOLS

Category	Definition
Self-acceptance	Acceptance of one's own emotions, capabilities, ideas, etc.
Passive	Physical inactivity, resignation, relaxation,compliance,dependency
Active	Movement, animation, energy, enthusiasm
Self-delineation	Differentiation of self from environment,independence,body image
Self-orientation	Self-concern, narcissism, introspection
Other-orientation	Concern with others, interaction with others
Avoidance of feeling	Blandness, control, description rather than a story
Expression of feeling	Openness, honesty, lack of constriction
Sick decision process	Commitment to get sick or stay sick, avoidance of problem solution
Healthy decision process	Commitment to improvement, growth, development, purposeful planning
Self-responsibility	Accepting consequences of one's actions, and responsibility for one's role
Reality orientation	Objectivity, lack of bizarreness, means-ends relationship
Optimism-hopefulness	Cheerfulness, positive outlook

health center. The current investigator classified the Ss into one of the following six categories:

A. Rejectors. These patients completed testing but did not participate in the Treatment Preparation Group (TPG). No clinical decision in terms of which therapeutic process would be appropriate for them can be indicated at all. They totally rejected the services offered to them. It is not known whether they sought treatment elsewhere.

B. Retreaters. This group of clients took the standard battery of tests and appeared at least once or more in the TPG. Their participation was such that either a deferred decision or else a tentative decision was made by the Group Therapy Committee. They did not return for further processing so that a definite group assignment could not be made.

C. Withdrawers. Patients in this category were tested, attended TPG and a final decision was made regarding their group assignment. However, they did not show up for their therapy group assignment.

D. Walkouts. These patients were tested, completed TPG, were given final treatment assignments, and were present up to and including six sessions in their respective therapy groups before they dropped from participation in further treatment.

E. Self-Terminators. These patients were tested, completed TPG and participated in their assignment but initiated their withdrawal before treatment officially ended. For the EI group those

leaving therapy and not returning after 30 sessions would be classified as self-terminators. This time limit was chosen as EI group members on the average started to leave around then. For the ER, SM, SE groups their average stay was around 12 sessions. Patients leaving after this time and up to the 22nd interview are included in the self-terminator category. The 22nd session is chosen as the end point since after this time the patients essentially do fulfill their contractual arrangements.

F. Finishers. These clients were tested, completed TPG, were assigned to a group treatment and successfully completed therapy that were 22 sessions or more and post-treatment testing.

Since age, sex, and marital status do not differentiate between remainers and dropouts (Brandt, 1965) these variables will not be considered in this study.

Propositions

In view of the exploratory nature of the present study, hypotheses which follow are inquiries into the probable rather than vigorous predictions that fall within the realm of an inductive approach to research. They are statements descriptive of clusters of personality profiles of certain groups of individuals. As little research has been done in this area they could also serve as guidelines for future cross-validation. Hence, statistical clarification of behavioral characteristics is an integral part of this research.

Even though for heuristic purposes statements are put into propositional form, it should not therefore be implied that they are

intended to be of the nature of inferences derived from any particular systematic theoretic orientation.

Considering the aforementioned groups of rejectors, retreaters, withdrawers, walkouts, self-terminators, and finishers, the present study will investigate the following hypotheses:

1. Walkouts, withdrawers, and self-terminators from each of the four treatment groups of SE, EI, ER, and SM will have characteristics in common. Members of these groups were chosen on the basis of their observable behavior. The information about these treatment groups primarily consists of those who have successfully gone through therapy (Calhoun, et al., 1971). Hardly any evidence exists describing or comparing different levels within a therapy treatment.

Thus the SM Ss regardless of whether they are withdrawers, and self-terminators will show evidence of being more belligerent, hostile, and generally paranoid in their thinking than the other three groups. It will be recalled all groups were chosen primarily on the basis of their behavior.

Those of the ER group will show common elements of more fear, timidity, passivity, guilt feelings, avoidance of feelings, and accepting of little self-responsibility than the other three groups.

The EI patients will tend to show similar elements of lack of self-acceptance, avoidance of feelings and some signs of deciding to be healthy.

The SE group since it is composed of more varied individuals will show less systematic characteristics than the other three groups.

2. Further, rejectors, those who definitely refused involvement with the program will show characteristics of stubbornness and adamancy, anger and hostility, independence from others, control over others, and avoidance of their feelings. They will also show more optimism and be less despairing than the other five groups.

3. Further, retreaters will have characteristics similar to those of the rejectors. A test of homogenity of variance will confirm this. However, they will be a little less rigid than rejectors since they allowed themselves to participate a bit more in the program.

4. Further, since withdrawers do not engage in therapy but have been assigned to a treatment group, it is expected that from the ICL description they will have personality constellations characterized by negative feelings such as antagonism (octant 1), bluntness (octant 2), dissatisfaction (octant 4), and hopelessness (TAT category), more so than walkouts, and self-terminators. This will be true regardless of the treatment assignment the withdrawer has.

5. Further, walkouts and self-terminators will have characteristics in common regardless of their treatment assignments. With the exception, for example, the self-terminator will express more hopefulness, cooperativeness, self-confidence and optimism on the TAT category than walkouts and on other dimensions there should be no differences.

6. Further, the author is interested in investigating whether there are differences between the pre-test data of those who completed therapy and those who did not. Since the self-terminators almost

complete therapy, it is expected that they will have profiles approximating those who finished therapy. A test of homogeneity of variances will determine their similarity. In this case, for example, the self-terminator of the SM group will have characteristics closely resembling the SM individual who fulfilled his contract rather than either of the withdrawers or walkouts. Finishers and dropouts were selected in the same fashion.

7. The present study will also investigate the personality constellations of rejectors, retreaters, withdrawers, walkouts, self-terminators, and finishers. It is expected that a factor analysis will aid in determining characteristics common to these groups not determined by some other multivariate analysis.

To test out the above propositions, 45 dependent variables will be employed: 13 categories from the TAT and 32 from the ICL. In order to analyze the variances of these measures, a multivariate analysis will be computed to determine significant differences which exist between and within groups. Following this a factor analysis will be performed so that clusters of the 45 variables may be obtained.

RESULTS AND DISCUSSION

Scores for 167 Ss were subjected to a multivariate analysis employing the Statistical Analysis System (Barr & Goodnight, 1971) at the L.S.U. Computer Research Center. This method was chosen as it allowed for analysis at the univariate level.

As stated previously, the data were composed of Ss' responses to the Interpersonal Check List (ICL) and ratings by judges on 13 TAT categories. The number of Ss in each of the six terminating groups and the means of the four ICL dimensions of self, mother, father, and ideal-self descriptions and the 13 TAT categories are presented in Table 3. The ICL octant means presented in Table 3 are for the following variables: managerial-autocratic (1); competitive-exploitative (2); blunt-aggressive (3); sceptical-distrustful (4); modest-self-effacing (5); docile-dependent (6); cooperative-overconventional (7); and responsible-overgenerous (8).

Each of the six propositions will be restated and examined one at a time. Results will be presented under the appropriate heading and a discussion will follow the presentation of the data related to the proposition.

PROPOSITION ONE: CONSISTENCY WITHIN TREATMENTS

The first proposition deals with the consistency of the traits within the respective Social-Emotional (SE), Expressive-interpretive

TABLE 3

NUMBER OF Ss AND MEANS FOR THE REJECTORS, RETREATERS, WITHDRAWERS, WALKOUTS, SELF-TERMINATORS, AND FINISHERS ON THE ICL DIMENSIONS AND THE 13 TAT CATEGORIES

Dimensions	N	Ss	Octant Means							
			1	2	3	4	5	6	7	8
Self-description	10	RJ	4.30	3.50	5.60	5.50	4.10	4.80	4.40	4.60
	10	RT	3.60	3.60	5.20	5.90	4.60	4.20	4.80	4.80
	34	WI	3.44	4.00	4.79	5.24	5.18	4.88	5.05	5.56
	40	WO	4.10	3.40	4.77	5.20	5.45	4.75	4.92	5.52
	32	ST	3.56	3.16	4.97	5.66	5.19	5.28	4.87	5.12
	40	F	3.32	3.35	4.70	5.07	4.90	4.92	4.77	4.72
Mother description	10	RJ	4.10	3.50	4.50	3.50	2.50	3.80	4.00	4.00
	10	RT	5.30	4.30	4.50	4.90	2.40	3.00	3.70	3.60
	34	WI	4.79	4.56	4.50	4.00	3.41	3.91	4.91	4.41
	40	WO	5.05	4.30	4.92	4.80	2.75	3.45	4.25	3.77
	32	ST	5.25	3.94	4.44	4.34	2.78	3.47	4.03	3.94
	40	F	4.47	3.70	4.35	4.17	2.95	3.67	4.15	4.27
Father description	10	RJ	3.70	3.60	5.00	3.50	1.30	1.90	2.30	2.10
	10	RT	4.10	4.20	3.10	3.10	2.10	3.30	3.90	3.60
	34	WI	4.91	4.47	4.29	3.68	2.18	2.47	3.91	3.20
	40	WO	4.32	3.67	3.90	3.22	2.42	2.95	3.92	3.72
	32	ST	4.47	4.12	3.94	3.00	2.59	2.59	3.94	3.50
	40	F	4.25	4.02	4.15	3.47	2.37	2.60	3.95	3.27
Ideal self description	10	RJ	4.20	3.90	3.70	1.50	2.20	3.30	6.00	5.20
	10	RT	4.30	4.00	3.80	1.10	3.00	3.40	5.70	5.30
	34	WI	4.32	4.56	3.65	1.82	2.68	3.70	6.06	5.47
	40	WO	4.72	4.20	3.65	2.00	2.60	3.70	5.47	5.00
	32	ST	4.19	4.06	3.37	1.44	2.03	3.28	4.97	4.50
	40	F	4.30	3.90	3.27	1.52	2.12	3.00	5.30	5.02

TAT Categories	RJ	RT	WI	WO	ST	F
Self-acceptance	0.80	1.80	1.53	1.17	1.69	1.00
Passive	3.40	3.40	4.20	4.37	4.00	4.57
Active	5.40	6.90	4.50	4.52	5.19	4.70
Self-oriented	5.80	5.80	6.03	6.12	5.87	4.62
Other-oriented	4.20	4.80	4.23	4.00	4.78	4.92
Self-delineation	9.00	10.00	9.38	9.47	9.41	9.52
Expression of feelings	8.00	8.00	8.38	7.52	8.37	8.37
Avoidance of feelings	1.60	1.20	1.29	1.95	1.19	1.35
Healthy decision process	1.00	3.60	2.47	1.57	1.91	1.47
Sick decision process	1.30	0.30	1.18	1.22	1.16	0.55
Self-responsibility	1.30	4.00	2.47	2.12	2.53	1.72
Reality Orientation	9.80	9.00	9.32	9.42	9.34	9.60
Optimism-Hopefulness	1.90	3.10	2.79	2.17	2.66	1.95

(EI), Emotional-Relationship (ER), and Social Management (SM) treatment groups regardless of whether they are withdrawers, walkouts, or self-terminators of therapy. For purposes of analysis the finishers were also compared with the above mentioned Ss who leave therapy.

To determine to what degree the test materials cohere in showing consistency of traits within the therapy treatment groups, multivariate and univariate analyses and orthogonal comparisons will be presented.

A. Interpersonal Check List Items

1. Multivariate analysis of Interpersonal Check List Items on consistency within treatments

Multivariate analysis of the self-descriptive, mother descriptive, father descriptive and ideal-self descriptive dimensions of the ICL for withdrawers (WI), walkouts (WO), and self-terminators (ST) yielded an overall group effect and a treatment effect on only the self descriptive dimension but no group by treatment interaction effect. No significant effects were found on the mother, father, or ideal-self descriptions.

Levels of significance for the self descriptive dimension according to Hotelling-Lawley's Trace (HLT) (a statistic of probability employed in the Statistical Analysis System multivariate program) are as follows:

Group (A)	HLT; F=1.60; df=24/368; p=.04
Treatment (B)	HLT; F=2.53; df=24/368; p=.0002
A X B	HLT; F=0.89; df=72/978; p=.74

2. Univariate analysis of Interpersonal Check List Items: Self descriptive dimension on consistency within treatment effects

To determine more specifically which of the ICL octants contributed to the group and the treatment effects on the self descriptive dimension, a univariate analysis was performed and the results are presented in Table 4. Treatment effects were found on the managerial-autocratic (1), competitive-exploitative (2), blunt-aggressive (3), modest-self-effacing (5), docile dependent (6), and responsible-overgenerous (8) octants.

No significant group effects were discerned on the univariate level although such an effect was observed on the multivariate level. Kramer & Jensen (1971) have indicated that the variances of the means when pooled together may have sufficient strength to produce an overall effect but individually the means may not vary significantly from one another to elicit univariate effects.

3. Orthogonal comparisons of the self-descriptive dimension on consistency within treatments

In order to further determine which of the treatments contributed to the significant effects of Table 4, orthogonal comparisons of the means for the self-descriptive dimensions were obtained and are presented in Table 5. Three comparisons were made: (1) the average of the means of the SE, EI, and ER Ss against the means of the SM Ss; (2) the means of the SE and ER Ss against the EI Ss; (3) the means of the SE Ss against the means of the ER Ss.

The results indicated that the SM group is characterized differentially from the SE, EI, and ER groups on four of the eight octants. They score higher on the managerial-autocratic, competitive-exploitative,

TABLE 4

UNIVARIATE ANALYSIS FOR THE SELF-DESCRIPTIVE DIMENSION ON THE ICL SHOWING SIGNIFICANT TREATMENT EFFECTS FOR WITHDRAWERS, WALKOUTS, SELF-TERMINATORS, AND FINISHERS

Variable	Source	df	MS	F
Managerial-autocratic	Group (A)	3	4.75	1.68
	Treatment (B)	3	14.66	5.20****
	A X B	9	2.44	0.90
	Error	131	2.82	
Competitive-exploitative	Group (A)	3	5.31	2.09
	Treatment (B)	3	14.36	5.67****
	A X B	9	1.82	0.74
	Error	131	2.53	
Blunt-aggressive	Group (A)	3	0.62	0.23
	Treatment (B)	3	19.24	7.11*****
	A X B	9	2.86	1.06
	Error	131	2.70	
Sceptical-distrustful	Group (A)	3	2.33	0.66
	Treatment (B)	3	9.27	2.11*
	A X B	9	1.52	0.43
	Error	131	3.55	
Modest-self-effacing	Group (A)	3	2.14	0.55
	Treatment (B)	3	13.97	3.62***
	A X B	9	5.81	1.51
	Error	131	3.85	
Docile-dependent	Group (A)	3	2.22	0.82
	Treatment (B)	3	7.03	2.61*
	A X B	9	4.03	1.49
	Error	131	2.70	
Cooperative-overconventional	Group (A)	3	0.42	0.11
	Treatment (B)	3	5.22	1.43
	A X B	9	3.43	0.94
	Error	131	3.66	
Responsible-overgenerous	Group (A)	3	5.16	1.08
	Treatment (B)	3	13.24	2.78**
	A X B	9	8.01	1.68
	Error	131	4.77	

*p=.05
**p=.04
***p=.01
****p=.002
*****p=.0004

TABLE 5

ORTHOGONAL COMPARISONS OF THE MEANS OF THE SELF-DESCRIPTIVE DIMENSION (SDD) AND THE IDEAL-SELF DESCRIPTIVE DIMENSION (ISDD) OF THE ICL

Variable	Dimension	Comparison of Mean Squares		
		SM/SE,EI,ER	EI/SE, ER	SE/ER
Managerial-autocratic	SDD	27.11***	9.37	10.51 SM > SE,EI,ER
	ISDD	6.65	11.83*	22.97***EI > SE,ER;SE > ER
Competitive-exploitative	SDD	14.56*	24.71***	1.55 SM > SE,EI,ER;EI > SE,ER
	ISDD	1.21	6.21	19.30*** SE > ER
Blunt-aggressive	SDD	16.81***	31.53****	0.85 SM > SE,EI;ER,EI > SE,ER
	ISDD	-	-	-
Sceptical-distrustful	SDD	2.30	24.94***	4.56 EI > SE,ER
	ISDD	-	-	-
Modest-self-effacing	SDD	14.58	17.55*	4.17 EI < SE,ER
	ISDD	-	-	-
Docile-dependent	SDD	13.56*	0.80	6.42 SM > SE,EI,ER
	ISDD	-	-	-
Cooperative-overconventional	SDD	2.50	0.98	13.82
	ISDD	0.88	18.73**	25.08* EI > SE,ER;SE > ER
Responsible-overgenerous	SDD	0.79	1.14	39.47*** SE > ER
	ISDD	1.18	20.29*	28.74* EI > SE,ER; SE > ER

*p=.05
**p=.02
***p=.01
****p=.001

blunt-aggressive octants but less on the docile-dependent octant.

The EI group is also differentiated from the SE and ER groups on four of the octants. They score higher on competitive-exploitative, blunt-aggressive, sceptical-distrustful octants and lowest on the modest-self-effacing octant.

4. Univariate analyses of the mother, father, and ideal self descriptions on the ICL in relation to consistency within treatments

When the mother and father descriptive dimensions were subjected to univariate analysis, no significant differences were found.

Investigation of the ideal-self descriptive dimension did reveal some significant effects on the individual level and these are shown in Table 6. Four differential effects on the managerial-autocratic, competitive-exploitative, cooperative-overconventional, and responsible-overgenerous octants were found.

5. Orthogonal comparison of significant effects on the ideal self dimension

The means of the significant effects of the ideal-self dimension were compared orthogonally to further determine which group contributed to the differences. These are contained in Table 5.

The characteristic feature for the EI group is that these Ss score higher than the SE and ER Ss on managerial-autocratic, cooperative-overconventional, and responsible-overgenerous octants of the ICL.

The characterizing feature of the SE group is that it has higher scores on the managerial-autocratic, competitive-exploitative, cooperative-overconventional, and responsible-overgenerous octants of the ICL

TABLE 6

SIGNIFICANT UNIVARIATE EFFECTS ON IDEAL-SELF DESCRIPTIVE DIMENSION OF THE ICL FOR WITHDRAWERS, WALKOUTS, SELF-TERMINATORS AND FINISHERS

Dimension	Source	df	MS	F
Managerial-autocratic	Group (A)	3	2.24	0.92
	Treatment (B)	3	12.64	5.21**
	A X B	9	4.20	1.73
	Error	131	2.43	
Competitive-exploitative	Group (A)	3	2.73	1.32
	Treatment (B)	3	8.32	5.03***
	A X B	9	3.60	1.75
	Error	131	2.02	
Cooperative-overconventional	Group (A)	3	5.00	0.96
	Treatment (B)	3	15.54	2.99*
	A X B	9	2.25	0.43
	Error	131	5.22	
Responsible-overgenerous	Group (A)	3	4.02	0.85
	Treatment (B)	3	14.28	3.04*
	A X B	9	2.01	0.43
	Error	131	4.73	

*p=.03
**p=.002
***p=.009

than does the ER group.

Further examination of Table 5 emphasizes that differential characteristics of the ER group are absent on all octants on both the Self-descriptive Dimension (SDD) and the Ideal-self Descriptive Dimension (ISDD). They seem more likely than others to be individuals who refuse rather than who take any other particular action.

B. TAT Categories: Consistency Within Treatments

1. Multivariate analysis of TAT categories on consistency within treatments

Considering the multivariate effects of the TAT categories in relation to proposition one, the following results were obtained:

Group (A)	HLT; F=1.79; df=39/350; p=.004
Treatment (B)	HLT; F=1.90; df=39/350; p=.002
A X B	HLT; F=0.92;df=117/1046;p=.71

There were significant group and treatment effects for the withdrawers, walkouts, self-terminators and finishers but no group by treatment effect was observed.

2. Univariate analysis of TAT categories on consistency within treatments

Further univariate analysis to determine which categories contributed to the treatment effect produced the results presented in Table 7. There were significant treatment effects on the passive, active, self-oriented, expression of feelings, and avoidance of feelings categories.

The group effects shown in Table 7 are related to proposition six and will be discussed in that particular section.

TABLE 7

SIGNIFICANT UNIVARIATE ANALYSES OF CATEGORIES FOR WITHDRAWERS, WALKOUTS, SELF-TERMINATORS AND FINISHERS

Category	Source	df	MS	F
Passive	Group (A)	3	2.37	0.52
	Treatment (B)	3	12.01	2.65*
	A X B	9	2.08	0.46
	Error	131	4.54	
Active	Group (A)	3	3.40	0.81
	Treatment (B)	3	11.19	2.66*
	A X B	9	2.69	0.64
	Error	131	4.21	
Self-oriented	Group (A)	3	19.94	5.54****
	Treatment (B)	3	12.99	3.61***
	A X B	9	4.58	1.27
	Error	131	3.60	
Expression of feelings	Group (A)	3	7.43	1.37
	Treatment (B)	3	18.28	3.38***
	A X B	9	4.67	0.86
	Error	131	5.41	
Avoidance of feelings	Group (A)	3	4.71	1.22
	Treatment (B)	3	14.31	3.72***
	A X B	9	2.35	0.61
	Error	131	3,85	
Sick decision process	Group (A)	3	4.58	2.71*
	Treatment (B)	3	3.69	2.18
	A X B	9	2.62	1.55
	Error	131	1.69	

*p=.05
**p=.02
***p=.01
****p=.002

3. Orthogonal comparisons on significant category effects of treatment means

The comparison of treatment effects are presented in Table 8. Examination of these means reveals that the ER Ss are characterized as having higher scores on active, self-oriented, and expression of feelings categories than do the SE and ER Ss.

The EI Ss have lower scores on passive and avoidance of feelings categories than do the SE and ER Ss.

The SM group was characterized as having lower scores on the self delineation category than the SE, EI, and ER groups.

C. Discussion of Results Pertaining to Proposition One: Consistency of Traits Within Therapy Treatments

The data presented up to this point indicate that there were 16 treatment effects. Subjects for the treatment groups of SE, EI, ER and SM were chosen on the basis of their observable behaviors and on the basis of clinical judgment of the Treatment Preparation Group therapists. It is most probable that their specific selection and inclusion into one of the treatment groups has had some influence on the results. Indeed, the conceptual model presented by Glad et al. (1959) of individuals receiving treatment according to behavior clusters they display is further substantiated.

The first proposition of consistency of traits within the Social-Emotional (SE), Expressive-Interpretive (EI), Emotional-Relationship (ER), and Social Management (SM) groups regardless of whether they are classified as withdrawers, walkouts, or self-terminators is corroborated by the following particulars:

TABLE 8

ORTHOGONAL COMPARISONS OF THE TREATMENT MEANS OF WITHDRAWERS, WALKOUTS, SELF-TERMINATORS, AND FINISHERS ON SIX SIGNIFICANT TAT CATEGORIES

Category	Mean Squares Comparison		
	SM/SE,EI,ER	EI/SE,ER	SE/ER
Passive	1.17	28.20*	5.36 EI < SE,ER
Active	3.28	36.76**	0.42 EI > SE,ER
Self-oriented	11.35	16.13*	10.96 EI > SE,ER
Self-delineation	6.86*	0.00	0.01 SM < SE,EI,ER
Expression of feelings	0.50	55.89***	12.87 EI > SE,ER
Avoidance of feelings	1.04	36.38	12.05 EI < SE,ER

*p=.05
**p=.01
***p=.005

The SM Treatment Group

On the self-descriptive dimension of the ICL presented in Table 5, the SM treatment group shows a greater tendency to control others, more belligerency, arrogance, and aggressiveness. These Ss also scored higher on the docile-dependent octant. On the TAT self-delineation category of Table 8 they scored significantly lower than the SE, ER and EI Ss.

When the SM differences are considered together they are highly consistent with the psychodynamic formulations of Freud (1911) wherein SM Ss react aggressively against passive threats to themselves. Neither do they perceive themselves to be sceptical and distrustful (no significant difference on octant four in Table 5) as they disassociate themselves from such feelings and project them onto the external world. The distinctions they make between internal processes and external reality are more permeable for them than for the SE, EI, and ER Ss. Their (SM) ego boundaries are more fluid and their feelings are projected as external, actional threats against themselves. They respond more with actions than with feelings (Glad et al., 1963).

The EI Treatment Group

From their self-descriptions presented in Table 5, these patients show a significant amount of aggressiveness, narcissism, distrust, resentment, and intolerance compared to SE and ER Ss. Their TAT category scores show that they tend to be more expressive of their feelings and avoid them less, are more self-responsible, and are shown to be more active than either SE and ER Ss. This type of profile is

consistent with neurotics and character disorders (Glad et al., 1959). They are demanding and challenging toward others. From their ideal-self description in Table 5, the EI Ss would like to see themselves more as managers rather than as being managed, would prefer to establish more harmonious and amicable relations with others, and would like to be more responsible toward others and have others trust and depend more on them.

Examination of the pattern of the relationship between the EI Ss' self-description and ideal-self description in Table 5 suggests that these individuals attempt decisions toward a psychologically healthier life but are bound by infantile preoccupations and distortions. They seem to stand on the verge (as suggested by their ideal-self descriptions) of constantly trying to exercise more mature judgments but at the same time they are pulled back to security operations which long past reduced anxiety.

The SE Treatment Group

These Ss differentially describe themselves as being responsible individuals. The relationship of their self-descriptions and their ideal-self descriptions in Table 5 suggests that in trying to maintain such an image and feeling guilty about not being able to do so, they tend to become shallow and are forced to uphold this facade without taking any responsible actions. They most likely feel they should be responsible people that this gives rise to a circular mode of existence: maintenance of the image, guilt because it is not maintained, self punishment for not maintaining it, attempts to

re-establish it, failure, guilt, and so on. They struggle with how to diminish the gap between themselves and others.

In the SE ideal-self description this profile is further elucidated: they would like to be better managers of others, more competitive, friendlier and tender with others, and have others place more trust in them.

The ER Treatment Group

These Ss do not show any significant differences from the EI, SE, and SM treatment groups. They are, however, constantly on the bottom of the totem pole, so-to-speak, on any variable. One might argue that this is a function of the manner in which the orthogonal comparisons were set up. Yet not once does the ER group supercede the SE group. Also, their number in this study would not affect the results. There were 35 ER Ss and 34 SM Ss. The SM Ss did clearly show significant differences.

It is in accord with the behavior of this particular type of individuals that a paucity of information from them would lead to their not contributing anything. It will be recalled that in the description of the assignment process they were described as individuals who have anesthetized themselves into immobility. Their significance lies in that they are not responsive and they are withdrawn. They are characterized also as living in a negating world.

In general, the data indicate that there are differences between Ss placed in their respective treatment groups. These results aid in establishing on more firmer grounds that individuals chosen

before therapy on the basis of their observable behavior and on the clinical judgments of the TPG therapists are characterized by reliable and meaningful behavioral constellations.

PROPOSITIONS TWO AND THREE: CHARACTERISTICS OF REJECTORS AND RETREATERS

Propositions two and three are highly related since they are concerned with (a) the personality characteristics of rejectors only and (b) with similarities between rejectors and retreaters. Data for both rejectors and retreaters taken from the ICL and the 13 TAT categories were subjected to statistical analysis employing multivariate and univariate measures and Bartlett's test of homogeneity. The results of the analyses are first presented followed by a discussion of these results respectively for proposition two and then proposition three.

It will be recalled that proposition two hypothesizes that rejectors (those who definitely refused involvement with the treatment facility) would be characterized by stubborn, adamant, angry and hostile, independent, controlling and affective avoidant behaviors and by optimism.

Proposition three states that rejectors and retreaters should have characteristics in common.

A. Interpersonal Check List Items

1. Multivariate analysis of data pertaining to characteristics of Rejectors and Retreaters

Multivariate analysis of group effects in differences between the rejectors and retreaters produced the following results:

Self-description	HLT; F=0.45; df=8/11; p=.86
Mother description	HLT; F=2.99; df=8/11; p=.05
Father description	HLT; F=2.15; df=8/11; p=.12
Ideal-self description	HLT; F=0.51; df=8/11; p=.82

The self-descriptive, father descriptive and ideal-self descriptive dimensions were not found to be statistically significant. However, the mother descriptive dimension was significant at the five per cent level.

2. Univariate analysis of Mother descriptive dimension for Rejectors and Retreaters

Univariate analysis of the mother descriptive dimension did not produce any significant results. Kramer and Jensen (1971) indicate that a multivariate test may produce significant results as this type of test has greater discriminating power. When no further significant effects are found they suggest that the means involved are fairly similar to each other, do not vary enough from each other, or may overlap.

An inspectional analysis of the data of Table 3 suggests the following traits. The rejectors describe their mothers as being moderately involved in intimate personal relations while the mothers of retreaters tend to be viewed in a manner opposite to that described by the rejectors. The retreaters perceive their mothers as managerial, autocratic, aggressive, in short, "bossy" type of women.

B. TAT Categories

1. Multivariate analysis of the 13 TAT categories pertaining to differential characteristics between Rejectors and Retreaters

A multivariate analysis of group effects between the rejectors and the retreaters did not yield a significant value (HLT; F=1.48; df=13/6; p=.33) when the 13 categories were considered.

C. Discussion of Results Related to Proposition Two

The data do not substantiate the characteristics of rejectors hypothesized in proposition two. However, comparisons of the means of Table 3 suggest the presence of the following traits.

Inspectional analysis of the means of the ICL dimensions and octants of Table 3 tends to suggest that the rejectors describe themselves as being more controlling over others (octant 1) more aggressive (octant 3) with this aggressiveness most likely expressing itself in anger and hostility; they do not view themselves as being shy or retiring (octant 5) nor very friendly, intimate or concerned with others (octants 7 and 8).

Examination of the means of the TAT categories from Table 3 signify that the rejectors have low scores on self-acceptance, self-delineation, healthy decision process, self responsibility and optimism-hopefulness and high scores on sick decision process. The author speculates that the rejectors may be the type of individuals who "act out" more and in this sense are highly stimulus bound, tend to blame others for their misfortunes that befall them and show little or no interest in improving their lot in life.

The patterns of the means of the rejectors on the self-descriptive dimension and the TAT categories suggests a demanding, aggressive individual who has a lowered level of self-acceptance and interest in others. There is an indication that the total range of rejectors are not as optimistic or hopeful as Cerenzia (1967) had suggested in his analysis of SE and ER assigness.

PROPOSITION THREE: CHARACTERISTICS OF REJECTORS AND RETREATERS

A. Homogeneity of Variance

1. Interpersonal Check List Items

At this point it is necessary to examine the test of homogeneity to be considered in propositions three, five, and six. On the ICL dimensions individual Bartlett's test revealed respectively that the variances between rejectors and retreaters (proposition three), walkouts and self-terminators (proposition five) and the self-terminators and finishers (proposition six) are highly similar.

Further, when all six groups were subjected to Bartlett's test, three out of 32 octant variances (ideal-self dimension octants three, four and five) were significantly different. This suggests that the six groups as a whole are highly similar where ICL dimensions are involved. Therefore, similarities between rejectors and retreaters, for example, appear to be the same as those between walkouts and self-terminators such that when any two groups are considered separately similarity of characteristics between them are minimized. It appears to make little psychological sense to state that the similarities between rejectors and retreaters on the ICL resemble the similarities between walkouts and self-terminators or between those of the self-terminators and finishers. It would be like taking a series of apples from a barrel and in essence saying that apples are similar to each other. Therefore, at least where the ICL dimensions are involved propositions three, five and six, where similarity of characteristics are hypothesized are not substantiated.

It was noted that three of 32 octant variances were significantly

different. Inspectional analysis of the data of these three ICL octants suggests the following characterizing profile of differences for the retreaters. They tend to be agreeable, helpful individuals who try to hold in their anger. There is a combination of repression with a consequent expression of hostility.

2. TAT Categories

When the variances of the six groups of rejectors, retreaters, withdrawers, walkouts, self-terminators and finishers were compared on the 13 TAT categories five differences were found on the self-acceptance, other-orientation, healthy decision, sick decision and reality orientation categories. The remaining categories indicated similarity of variances between the six groups.

Let us consider, for example, the comparison of the variances between the rejectors and retreaters on the self-acceptance category. When all six groups (see Table 9) were compared on this particular

TABLE 9

TAT CATEGORIES SHOWING DIFFERENCES WHEN BARTLETT'S TEST WAS EMPLOYED FOR SPECIFIC COMPARISONS AND FOR COMPARISONS OF THE VARIANCES FOR ALL SIX GROUPS

Rejectors-Retreaters	Walkouts-Self-terminators	Self-terminators-Finishers	All Six Groups
		self-acceptance	self-acceptance
other-orientation	other-orientation	other-orientation	other-orientation
			sick decision
healthy decision		healthy decision	healthy decision
self-responsibility		self-responsibility	
reality orientation	reality orientation	reality orientation	reality orientation

category their variances differed. But if we find that the variances between the rejectors and retreaters are similar, it is most probable that the respective characteristics are more unique to these two groups and that they differ from the other groups. In other words, taking a series of apples from the barrel would indicate that they are not all the same but differ on some particular dimensions.

Table 9 presents the results of Bartlett's test when the variances of the six groups were compared and also when individual comparisons were made.

B. Discussion of Proposition Three

The third proposition stating that there will be common characteristics between rejectors and retreaters is only partially substantiated. As mentioned above the ICL variances are predominantly similar to each other and thus contribute little to the present research.

The rejectors and retreaters, as shown in Table 9, differ on the other-orientation, healthy decision, self-responsibility and reality orientation categories. The remaining categories of passive, active, self-delineation, avoidance of feelings, expression of feelings and optimism-hopefulness have variances which are similar to the other four groups. Therefore these characteristics are of minimum differential importance. However, there are two categories of self-acceptance and self-orientation which are unique to the rejectors and retreaters. These two groups appear to be similar in the way they accept their own emotions and capabilities, and they reveal themselves as being

introspective and self-concerned. The author speculates they may present an image of being independent and aloof.

PROPOSITION FOUR: CHARACTERISTICS OF WITHDRAWERS

The fourth proposition states that the withdrawers (those who do not engage in therapy but have been assigned to a treatment group) will have specific personality characteristics such as bluntness, dissatisfaction, and hopelessness. Analysis of the data does not substantiate this proposition.

PROPOSITION FIVE: SIMILARITY BETWEEN WALKOUTS AND SELF-TERMINATORS

The fifth proposition states that the walkouts and self-terminators will have common characteristics. This proposition is partially substantiated since Bartlett's test on the ICL dimensions offers little as to the unique characteristics these two groups could have in common.

However, the categories of other-orientation and reality orientation presented in Table 9 indicated that the walkouts and self-terminators have variances similar to the other groups on the passive, active, self-delineation, self-orientation, avoidance of feelings, expression of feelings, sick decisions process, and optimism-hopefulness categories. The characteristics particular to these two groups are reflected by the categories that remain: self-acceptance, healthy decision and self-responsibility. These individuals can be described as accepting their own emotions and feelings, making commitments to improve and develop their potentials, and as accepting the consequences of their actions and as

being responsible for themselves.

PROPOSITION SIX: DIFFERENCES BETWEEN THE FINISHERS AND THE FIVE TERMINATING GROUPS

In proposition six the interest is in determining whether there are differences between the pre-test data of the finishers and the rejectors, retreaters, withdrawers, walkouts and self-terminators.

This proposition also considers the hypothesis that the self-terminators (those who have almost completed therapy) should have profiles approximating those who have finished therapy.

A. Multivariate Analysis of Differences between the Finishers and the Rejectors, Retreaters, Withdrawers, Walkouts, and Self-terminators

Multivariate analysis of effects among the six groups did not reveal any significant differences on the self-descriptive dimension of the ICL nor on the mother, father, and ideal-self descriptions. However, there was a significant effect when the TAT categories were considered. The levels of significance indicated by Hotelling-Lawley's Trace (HLT) are as follows:

Self-description	HLT; F=1.11; df=40/757; p=.30
Mother description	HLT; F=0.87; df=40/757; p=.70
Father description	HLT; F=0.81; df=40/757; p=.77
Ideal-self description	HLT; F=1.39; df=40/757; p=.06
TAT categories	HLT; F=1.90; df=65/732; p=.0001

B. Univariate Analysis of TAT Categories

Further investigation of the TAT categories employing univariate analysis revealed the active, self-oriented, healthy decision and self-responsibility categories were significant. These data are presented in Table 10.

C. Orthogonal Comparisons of TAT Categories

In order to determine which of the six groups contributed to the significant TAT univariate results, orthogonal comparisons of the rejectors, retreaters, withdrawers, walkouts, self-terminators and finishers were performed. Five comparisons were made: 1) Means of the rejectors, retreaters and withdrawers were compared with those of the walkouts, self-terminators and finishers. It will be recalled that the former three groups received no treatment while the latter three did; 2) the means of the rejectors and retreaters were compared with the means of the withdrawers; 3) rejectors were compared to retreaters; 4) self-terminators and finishers were compared to walkouts; 5) self-terminators were compared to finishers. The results of these orthogonal comparisons are presented in Tables 11 and 12.

A closer examination of Table 11 indicated that for the active category the characterizing feature is that those who did not receive treatment (rejectors, retreaters and withdrawers) are more active than those who do.

The self-orientation category on both Tables 11 and 12 indicate that the finishers tend to be less self-oriented and less desirous of remaining ill than the withdrawers, walkouts, or self-terminators.

The healthy decision category shows an interesting result. It appears that those who receive no treatment make more healthy decisions than those who receive treatment.

For the self-responsibility category there is only one result: RJ RT. The retreaters have larger means on this particular dimension

TABLE 10

UNIVARIATE ANALYSIS OF TAT CATEGORIES BETWEEN REJECTORS, RETREATERS, WITHDRAWERS, WALKOUTS, SELF-TERMINATORS, AND FINISHERS

Dimension	Source	df	MS	F
Active	Between	5	11.55	2.42*
	Error	160	4.77	
Self-oriented	Between	5	11.60	3.04***
	Error	160	3.81	
Healthy decision process	Between	5	11.89	3.89****
	Error	160	3.06	
Self-responsibility	Between	5	11.09	2.62**
	Error	160	4.23	

* p = .04
** p = .03
*** p = .01
**** p = .0003

TABLE 11

ORTHOGONAL COMPARISONS BETWEEN REJECTORS, RETREATERS, WITHDRAWERS, WALKOUTS, SELF-TERMINATORS, AND FINISHERS ON THE FOUR SIGNIFICANT TAT CATEGORIES

Dimension	Comparison of Mean Squares					
	1	2	3	4	5	
Active	38.97***	74.41****	46.12***	4.79	4.87	RJ,RT,WI > WO,ST,F RJ,RT > WI; RJ < RT
Self-oriented	6.89	1.43	0.00	20.92*	32.01**	WO > ST,F; ST > F
Healthy decision	30.55*	0.79	138.58****	0.36	3.80	RJ,RT,WI > WO,ST,F RJ < RT
Self-responsibility	13.19	0.88	149.44****	0.00	13.33	RJ < RT

* p = .05
** p = .01
*** p = .005
**** p = .001

TABLE 12

ORTHOGONAL COMPARISONS OF GROUP MEANS OF WITHDRAWERS, WALKOUTS, SELF-TERMINATORS, AND FINISHERS ON THE SIGNIFICANT TAT CATEGORIES

Category	Mean Square Comparisons			
	F/WI, WO, ST	WO/WI,ST	WI/ST	
Self-oriented	51.78**	0.72	1.43	F < WI,WO,ST
Sick decision process	10.92*	0.08	0.01	F < WI,WO,ST

*p=.05
**p=.001

than do the rejectors. This suggests that the retreaters are more accepting of the consequences of their actions than are the rejectors.

D. Similarities between Self-terminators and Finishers

Proposition six included the hypothesis that self-terminators and finishers would have common characteristics. As stated previously, the homogeneity of variances on the ICL dimensions do not tell us much about specific group characteristics.

Five specific differences were observed within the TAT categories. These are presented in Table 9 indicating similarity of variances on the remaining categories of passive, active, self-delineation, self-orientation, avoidance of feelings, expression of feelings, and optimism-hopefulness. These same categories, unfortunately have homogeneous variances when the other groups are considered. Hence there is not any particular distinguishing traits between the self-terminators and finishers.

SUMMARY

The results of this study further corroborate the conceptual model of Glad et al. (1959) which emphasizes that particular modes of treatment are beneficial for patients expressing specific behavioral traits regardless of whether they are categorized as rejectors, retreaters, withdrawers, walkouts, self-terminators or finishers of group psychotherapy.

Partial substantiation of the hypotheses of similarities of profiles were noted between the following: 1) rejectors and retreaters

reveal themselves as being self-concerned, narcissitic and as accepting their feelings, emotions and capabilities more so than the other group terminators; 2) walkouts and self-terminators have similar profiles in that they accept their emotions and feelings, are committed to self improvement, and accept the consequences of their actions more so than the other terminators.

Analysis of the data revealed that the proposed characteristics of the rejectors (proposition two), the traits of the withdrawers (proposition four), and profiles of similarity between self-terminators and finishers were not corroborated.

FACTOR ANALYSIS

Factor analyses were performed to aid in determining the personality constellations of rejectors, retreaters, withdrawers, walkouts, self-terminators and finishers not determined by the multivariate analyses. A direct and an inverse solution were employed.

I. Direct Factor Analysis

Scores for 167 Ss on 45 test variables were factor analyzed employing the VANDFACT program at the LSU Computer Research Center since the program yielded a principal components solution, with an orthogonal rotation according to the varimax criterion as well as an oblique rotation according to the promax criterion. Inspection of the two rotations revealed a close similarity between them indicating that the orthogonal rotation was an adequate solution. Factors with eigenvalues greater than 1.00 were accepted and 13 factors emerged. These are presented in Table 13.

Factor 1 - Ideal Self Dimension

Factor description: This is a factor composed of ICL Ideal-self descriptions. There are seven high positive loadings and one moderate positive loading. The entire range of ICL ideal-self descriptions load on this factor.

The hypothesis suggested from examination of this factor is that Ss have various aspirations. Some would like to be more competitive, outgoing, and friendly. Others would like to be more taken care of,

TABLE 13

VARIMAX FACTORS

Variable description	1	2	3	4	5	6	7	8	9	10	11	12	13
27 ICL Ideal Octant 3	.83												
25 " " " 1	.81												
26 " " " 2	.79												
31 " " " 7	.79												
30 " " " 6	.78												
32 " " " 8	.78												
29 " " " 5	.75												
28 " " " 4	.56												
41 Healthy Decision		.80											
43 Self-responsibility		.73											
33 Self-acceptance		.68											
24 ICL Father Octant 8			.90										
23 " " " 7			.88										
22 " " " 6			.79										
21 " " " 5			.63										
16 ICL Mother Octant 8				.82									
15 " " " 7				.80									
13 " " " 5				.80									
14 " " " 6				.78									
4 ICL Self-Descrip.Octant 4					.76								
3 " " " " 3					.70								
11 " Mother " 3					.63								
12 " " " 4					.61								
9 " " " 1					.56								
10 " " " 2					.50								

TABLE 13 (Continued)

Variable description	1	2	3	4	5	6	7	8	9	10	11	12	13
39 Expression of Feelings						.87							
42 Sick decision process						.50							
40 Avoidance of feelings						-.90							
2 ICL Self-descrip. Octant 2							.68						
1 " " " " 1							.59						
5 " " " " 5							-.75						
6 " " " " 6							-.47						
19 ICL Father Octant 3								.83					
17 " " " 1								.80					
18 " " " 2								.79					
20 " " " 4								.60					
35 Active									.87				
34 Passive									-.92				
44 Reality Orientation										.84			
38 Self-delineation										.83			
7 ICL Self-descrip. Octant 7											.83		
8 " " " " 8											.81		
6 " " " " 6											.48		
37 Self orientation												.72	
45 Optimism-hopefulness												.45	
36 Other orientation												-.74	
28 ICL Ideal Self-descrip. Octant 4													.53
21 " Father " 5													.48

more dependent. The moderate loading on octant 4 suggests Ss vary less in their ideal of being rebellious and distrustful.

Factor 2 - Orientation I (Tendency to Positive Action and Maturity)

Factor description: This factor is composed of three TAT categories with relatively high positive loadings. They suggest an action orientation of a mature kind. They represent an orientation to be more self-responsible, more committed to growth, development, improvement and acceptance of one's emotions, feelings, capabilities and the consequences of his actions. These are essential elements in the constitution of a dynamically, positively oriented maturing person.

Factor 3 - Father Characteristics I (Positively Valued Dependent Father)

Factor description: This factor consists of three high positive loadings and one moderately high loading on the father dimension of the ICL. The father is described as being sympathetic and considerate, amicable and friendly, dependent, conforming, retiring and diffident.

The hypothesis suggested from this clustering is that the father is essentially seen as a warm, non-aggressive or hostile person.

Factor 4 - Mother Characteristics I (The Good Mother)

Factor description: This factor consists of four high positive loadings on the mother dimension of the ICL. This grouping describes her as being warm sympathetic and considerate, tender, amicable, dependent and conforming, and retiring.

The hypothesis suggested by this grouping is that some Ss tend to view their mothers as being responsive and mothering.

Factor 5 - Mother Characteristic II (Cold Mother)

Factor description: This factor has relatively high positive loadings on self-descriptive octants of distrustfulness (4) and aggression (3) and moderately high loadings on the mother octants of aggression (3), distrustfulness (4), domination (1) and narcissism (2).

The hypothesis this suggests is an expression of a negative type of orientation. There are similar characteristics between the manner in which Ss describe themselves and their mothers on octants 3 and 4. The mother is presented as the "bad mother" who is punitive hostile, cold, and unfeeling. Her behavior tends to draw out distrustful hostile reactions from her children. This particular result is consistent with the findings of Calhoun (1971). This factor is not necessarily the inverse of factor 4.

Factor 6 - The Emotional Verbiage Syndrome

Factor description: This factor consists of a high positive loading on expression of feelings, a moderate positive loading on sick decision process and a high negative loading on avoidance of feelings.

The hypothesis this factor suggests is that expression of one's feelings is associated with sick decision processes. It indicates there are instances where Ss express their feelings, gripe about them but remain uncommitted to change or improvement.

Factor 7 - Orientation II (Reaction Against Passivity)

Factor description: This factor is composed of four self-descriptive octants with one high negative, one moderately negative loading, and two moderately positive loadings.

The hypothesis this grouping suggests is a reaction against passivity.

Factor 8 - Father Characteristics II (Negatively Valued Destructive Father)

Factor description: This factor consists entirely of father descriptions from the ICL. There are three relatively high positive loadings and one moderately positive loading. Examination of this factor suggests that some Ss perceive their fathers to be punitive, hostile, cold and unfeeling. He is viewed as an isolating and attacking person. This factor is not the inverse of factor 3.

Factor 9 - Energy Orientation

Factor description: There is a high positive loading on the active TAT category and a high negative loading on the TAT passive category. This particular grouping suggests a trend from resignation, compliance, inertia and dependency toward movement, animation and enthusiasm.

Factor 10 - Ego Strength

Factor description: There were two relatively high positive loadings on two TAT categories--reality orientation and self-delineation. The hypothesis suggested by these data indicate a fairly high and consistently healthy attitude among some of the Ss. Generally, Ss were well in tune with themselves, had adequate ego boundaries, and were relatively free from deviancy.

Factor 11 - Relational Orientation

Factor description: There were two relatively high positive loadings on octants 7 and 8 (cooperative-overconventional; responsible-overgenerous) and a moderately high positive loading on octant 6 (docile-dependent). These three loadings are all from the ICL self-descriptive dimension. The relationship of these variables suggests that some Ss have a tendency to perceive themselves in a somewhat selfless manner, have tendencies to view themselves as responsible people who can be trusted, see themselves as having concern for others and have some feelings of being dependent and conforming.

Factor 12 - Interest in Others

Factor description: This factor consists of a moderately high negative loading on the self-orientation TAT category and a moderately high positive loading on other-orientation TAT category. This factor suggests less of a trend toward self-concern, narcissism and introspection to one of concern and interaction with others.

Factor 13

Factor description: There were two moderate positive loadings on two ICL dimensions. Although this is a doublet and poses some difficulty in explanation, this particular combination of variances suggests a desire to be skeptical of fathers who are retiring. Fathers who react in this manner could possibly be using their behavior as a method of control.

The factor analysis gives another dimensional perspective of the manner in which the variances distribute themselves. The factors afford a different glimpse into the ways in which these Ss view themselves and their parents.

Of special interest is their description of their parents. Two concise differing views are differentiated. On the one hand they are described as being warm and nourishing but on the other they are seen as being cold and destructive. More than likely these elements are found together in these clients' parents. It is easy to see that this combination could readily produce deviant ways of thinking and acting as the Ss are left in a bind as to which way the parents will react.

There are orientation factors which all have a positive direction. There is movement or energy somewhere underneath the deviant behavior clusters which can be tapped to facilitate the psychological growth of the S.

In general, the factors suggest a tendency toward more self-improvement and development, and toward a more genuine interest and concern for the welfare of others.

II. Inverse Factor Analysis - Exploratory

An inverse factor analysis was performed using the VANDFACT program at the LSU Computer Research Center. It yielded a principal components sclution with an orthogonal rotation according to the varimax criterion as well as an oblique rotation according to the promax criterion. Inspection of both rotations indicated the oblique solution to be the most feasible to employ.

This is an explanatory and preliminary analysis. Some of the factors at the present time are not readily interpretable. There is a need for further examination of the clinical material and the following factors are those which offer the most plausible hypotheses at the present time.

Factor A

The most prominent feature of this factor is the predominance of EI and SM Ss who are mostly female. They suggest an amalgam of aggressiveness and a clinging type of orientation.

Factor B

The most salient feature here is the absence of the EI group. This suggests more psychotic individuals in this cluster who are predominantly aggressive and who possess a strong depressive quality in their personality make-up. The quality of the aggression is such that these Ss tend to inflict their suffering upon others and in so doing attempt to evoke guilt in them.

Factor C

This factor is largely composed of SE Ss. They have a tendency to be schizoid. In this sense this clustering suggests a quality of chaotic organization.

Factor F and Factor G

These two factors are ER loaded. It is possible that with

further analysis one of the following hypotheses could apply to each factor: 1) The ER group by their nature are characterized as "not seeing, not hearing, etc." (Glad, V. B., 1964) as being negators and withdrawn. Hence they cluster together. 2) The ER Ss harbor a massive amount of destructive power which if unleashed would destroy people. There is a total inhibition of massive hostility.

Factor H

This factor is predominantly composed of withdrawers. The hypothesis generated is that WI are disappointed with the clinic which they feel may not be capable of filling their needs. They have feelings of dissatisfaction, unworthiness, and helplessness.

Conclusion

This study has been concerned with the personality profiles of individuals who terminate themselves at different points from a program designed to assist them in making more realistic judgments and decisions. Definite differences have been discerned and some characterizing features have been found. Reiss and Brandt (1965) argue that those who drop out from therapy need not be classified as failures. This is an important distinction as walkouts and self-terminators of this study were encouraged to be more self-reliant and less dependent upon their group and/or their therapist (Glad, D. Personal communication). In one sense they could, from a statistical point of view, be classified as failures as they did not complete treatment. But in another sense they are not failures but successful people who learn to manage themselves more realistically.

		Factor A										Factor B									
		Rejector		Retreater		Withdrawer		Walkout		Self-Terminator		Finisher		Rejector		Retreater		Withdrawer		Walkout		Self-Terminator		Finisher	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
H	SE																			62					
	EI							68		107															
	ER																		38	78					
	SM							93																	
		8		13																					
M	SE							59				128													
										100														136	
	EI							71 69 65				140													
										105		139								66					
	ER					40		77		118								43							
	SM									120										87					
			3	16 14											3										
L	SE							64		97								24		64	63 58	96		135	130 129
	EI							14		108												111		143	
	ER					44 39						151								77		113			156 152 148
	SM							85		126 122		159 161						46 51 50		86		120			160

		Factor C												Factor D											
		Rejector		Retreater		Withdrawer		Walkout		Self-Terminator		Finisher		Rejector		Retreater		Withdrawer		Walkout		Self-Terminator		Finisher	
		M	F	M	F	M	F	M	F	M	F	M	F		M	F	M	F	M	F	M	F	M	F	M	F
H	SE									95				H	SE										
	EI														EI										
	ER														ER										
	SM														SM										
M	—	10		20											—	2									
	SE					30 28 23		61		98					SE										
	EI											146			EI										
	ER									115				M	ER						84				
	SM							89							SM				45						
L	—	7 9													—	6	5	18	16						
	SE					25		58		104 101	131 103	135		L	SE					57				132	
	EI							72		109	138				EI				36 31		73	111	106	147	
	ER					42									ER						79			149 153	
	SM					46					146	165			SM			47	49		92 88		123	167	

		Factor E												Factor F											
		Rejector		Retreater		Withdrawer		Walkout		Self-Terminator		Finisher				Rejector		Retreater		Withdrawer		Walkout		Self-Terminator		Finisher	
		M	F	M	F	M	F	M	F	M	F	M	F			M	F	M	F	M	F	M	F	M	F	M	F
H	SE														SE												
	EI													H	EI												
	ER														ER									117 114			
	SM														SM												
M				11																							
	SE														SE							56					
	EI													M	EI												
	ER									119					ER							76				150	
	SM											162			SM												164
L																											
	SE					22									SE												
	EI														EI												
	ER											147		L	ER					37							
	SM							91		127					SM					91							

		Factor G												Factor H											
		Rejector		Retreater		Withdrawer		Walkout		Self-Terminator		Finisher		Rejector		Retreater		Withdrawer		Walkout		Self-Terminator		Finisher	
		M	F	M	F	M	F	M	F	M	F	M	F		M	F	M	F	M	F	M	F	M	F	M	F
H	SE																								
	EI																								
	ER											154		H	ER										
	SM														SM										
M		9																							
	SE														SE										
	EI														EI					35					
	ER							82						M	ER										
	SM							86							SM										
L																									
	SE									55					SE										
	EI													L	EI							110			
	ER							43	37	83	80				ER						75				
	SM														SM					94					

		Factor I												Factor J											
		Rejector		Retreater		Withdrawer		Walkout		Self-Terminator		Finisher		Rejector		Retreater		Withdrawer		Walkout		Self-Terminator		Finisher	
		M	F	M	F	M	F	M	F	M	F	M	F		M	F	M	F	M	F	M	F	M	F	M	F
H	SE																								
	EI													H	EI										
	ER														ER										
	SM														SM				52						
M	SE					29									SE										
	EI													M	EI										
	ER														ER										
	SM														SM										
		1														15									
L	SE					27									SE			21						137	
	EI													L	EI										
	ER					39									ER										
	SM							91							SM			46						167	

		Factor K												Factor L											
		Rejector		Retreater		Withdrawer		Walkout		Self-Terminator		Finisher		Rejector		Retreater		Withdrawer		Walkout		Self-Terminator		Finisher	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
H	SE																								
	EI																								
	ER																								
	SM																								
M																17									
	SE																								
	EI																								
	ER																								
	SM											159													
L																									
	SE																								
	EI									108		144						36		66		112			
	ER																								
	SM									124	127														

One of the exciting aspects of this study is that it further substantiates the theoretical conceptions posited by Glad, et al. (1959). More credence should be given to the selection of patients for therapy since this method would facilitate tremendously the efficiency of presenting psychological assistance to those who deem they require it.

Since significant evidence has been generated in this study of differences not only between those who leave therapy but also between the treatment groups, the next direction of study would be to subject the data to an r_p cluster analysis to determine more specifically the constituent profiles of the Ss in the generated inverse factor analysis.

SUMMARY

This study was designed to examine the personality characteristics of outpatient clinic individuals classified for the purposes of this research as rejectors, retreaters, withdrawers, walkouts, self-terminators and finishers of psychotherapy. Each individual of the withdrawer, walkout, self-terminator and finisher groups was assigned on the basis of characteristic behavior clusters to one of four therapy treatments: psychodynamically oriented groups composed primarily of neurotic individuals; Interpersonal Role emphasis groups with aggressive, paranoid patients; Emotional Relationship groups with passive, withdrawn patients; and Phenomenologically (Social-Emotional) groups with a heterogeneous mixture of psychotic patients. Personality measures for 167 Ss were obtained from the Interpersonal Check List and the Thematic Apperception Test. Test data was subjected to multivariate and univariate analyses and a factor analysis with the following results. Significant differences between the groups were discerned principally on the TAT categories, suggesting certain personality characteristics. Significant differences between treatment effects substantiated the conceptualization that patients benefit from specific therapies on the basis of observable behavioral clusters. A direct factor analysis yielded 13 factors. The inverse factor analysis needs further examination.

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A P P E N D I X

APPENDIX A

The Interpersonal Check List

The Interpersonal Check List (LaForge & Suczek, 1955) was designed as part of a multilevel system of personality measurement (Leary, 1957). The ICL gives an appraisal of varying personality levels and their interpersonal interactions. It taps the manner in which people perceptually appraise and describe those they are closest to; self-descriptions are also included. There are 128 descriptive items which the subject is asked to check not only about himself but also about his mother, father and spouse. The test is flexible enough so that an ideal self and an ideal spouse could also be described.

The 128 items are divided into eight octants, each octant representing the following personality characteristics: (1) managerial-autocratic, (2) competitive-exploitive, (3) blunt-aggressive, (4) skeptical-distrustful, (5) modest-self-effacing, (6) docile-dependent, (7) cooperative over-conventional, and (8) responsible-overgenerous. Scores are obtained from the number of items checked for each octant and are then plotted on a circular graph. The graph is subdivided into horizontal and vertical axes. The horizontal axis describes the dimension of Love-Hate while the vertical one describes the dimension of Dominance-Submission.

Four descriptive dimensions will be employed. They are the self, mother, father and ideal self descriptions.

VITA

William Donald Chernets was born in Hamilton, Ontario, Canada, December 31, 1939. He received his primary and secondary education there. He graduated from the University of Windsor, Windsor, Ontario, Canada in 1963 with an M.A. degree. Subsequent to this he taught at St. Thomas Moore College, University of Saskatchewan, Saskatoon campus for three years and worked one year at the Catholic Childrens Aid Society in Toronto before resuming his education at Louisiana State University for the Ph.D. degree. In 1971 he completed a year of internship at the Texas Research Institute of Mental Science in Houston and he is now a candidate for the Ph.D. degree at the Fall commencement.

EXAMINATION AND THESIS REPORT

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Major Field: Psychology

Title of Thesis: Personality Constellations of Rejectors, Retreaters, Withdrawers, Walkouts, Self-terminators and Finishers of Psychotherapy

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August 28, 1972